

**Reintegration, Foster Care, Adoption Services
EVT0001558**

	Questions	Response
1	Section 2.8 – References (page 10)	
	If DCF has been the sole source contractor for the provision of services as required in this RFP, who should be included as references? In past RFPs contractors have been allowed to include references who have collaborated with the bidder in the	References are up to the discretion of the bidder. References of those who have collaborated with the bidder in the provision of services are acceptable.
2	Section 3.13 – Subcontractors (page 14)	
	Please define subcontractors for the purpose of this section. Does this include just Child Placing Agencies (CPAs), other placement providers, and sub-contracting for a portion of case management services or does this include all providers utilized via subcontract	All providers.
3	Section 3.13 – Subcontractor Tax Clearances (page 15)	
	Is the state requesting tax clearances on all providers (as defined in answer to above question) or just for CPAs?	All providers.
4	Section 3.45 – Payment (page 21)	
	The terms described in this section contradict the payment methodology as described in Section 5.2.1 of the Cost Proposal (page 70) – Net 30 days vs. 3 days. Please clarify which is the correct timeframe for payment to the contractor.	Payment is on the third business day after the end of each month.

Reintegration, Foster Care, Adoption Services
EVT0001558

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5	Section 4.1 – Term of Contract (page 23)	
	Please define timeframes for negotiations for the final two years of the four year contract? Will these rates be negotiated and agreed upon through the signature of a contract addendum by May 31 st of the fiscal year prior to the new rates taking effect?	Every effort will be made to have in place by May of 2015 for the final two years.
6	Section 4.3.C – Relationships with child welfare community providers (page 27)	
	In previous RFPs there has been a request for Letters of Support from subcontractors, stakeholders, and other community partners. Is DCF interested in seeing letters of support included in this RFP response? Are letters of support allowed in this RFP response?	Letters of support are encouraged and allowed.
7	Section 4.3.E(1) – Constituency Services (page 28)	
	This section states that “Response to DCF is required on the DCF specified form within three (3) working days...” What DCF form is being referenced here?	The form will be developed by July 1, 2013.
8	Section 4.3.F(1)(g) – Expectations of Contractor’s Recruitment and Retention Process (page 28)	
	This section references a “Comprehensive Foster Family Assessment as outlined in DCF policy.” Please clarify the policy being referenced. Is there a specific foster family assessment required by DCF?	The current PPS PPM section 5233 requires MAPP training and KDHE licensure regulations be followed.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
9	Section 4.3.F(4)(c) –Contractor Relationships with Foster Families – Advisory Board (page 28)	
	This section references a CMH representative – was this intended to reference CMHC (Community Mental Health Center) representation on the Advisory Board?	No.
10	Section 4.3.G(21)(b) – Contractor Qualifications (page 29)	
	This section states that the bidder must be accredited with a national child welfare organization. Does The Joint Commission (TJC) accreditation meet this standard, or is there another preferred accreditation organization for this RFP?	Yes, TJC is sufficient
11	Section 4.3.G(23)(c) – Supervisor Qualifications (page 30)	
	“All Supervisors shall have a Bachelor’s Degree...” This is in conflict with KDHE requirements for licensed child placing agencies, which state that all direct service supervisors must have a Master’s Degree. Please clarify this conflicting requirement, since the RFP requires the bidding agency to be a licensed Child Placing Agency through KDHE.	The RFP identifies responsibilities which may be supervised by staff with the outlined minimum credentials. DCF expects all providers to be a licensed Child Placing Agency and meet all relevant KDHE regulations.
12	Section 4.3.G(24)(a) – Updating subcontractor information, including 24 hour contact info (page 30)	
	Does this section reference all potential subcontractors (some of whom may not have 24 hour availability) or is it specifically aimed at placement providers and child placing agencies?	Subcontractors include placement providers and child placement agencies.

Reintegration, Foster Care, Adoption Services
EVT0001558

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13	Section 4.4.C(8) – Notify DCF within 5 working days of initiation of any KDHE investigations (page 31)	
	Please clarify your intention in this statement. Is this referencing investigations related to agency sponsored foster homes, any investigation related to an agencies group homes, any investigation relating to the agencies CPA, any investigations involving a child being served by the agency, or all of the above?	Providers are responsible to notify DCF within 5 working days of the intitiation of any KDHE investigations related to the providers CPA license.
14	Section 4.4.C – 4.4.F (page 31-32)	
	On page 31 is section 4.4.C carrying over to page 32 with subsections 1-43, and then we jump to 4.4.F. Please verify this as a typo or clarify if there are missing sections?	It is a typo.
15	Section 4.4.G – Child Placement Practices (page 32)	
	Please clarify “subject to DCF approval” in this section, and define the approval process. Does this mean that DCF must approve the placement prior to a child being placed.	The placement will be considered approved unless DCF notifies the provider otherwise.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
16	Section 4.4.G(1)(a)(2) – Relative Placements (page 33)	
	This section indicates that all relative placements will now be required to complete a FBI fingerprint background check. This could potentially delay placement with relatives and incur additional costs for these placements. Is it DCF’s intention to create a new requirement in this area? Also, do the results need to be received prior to making placement with the relative (if they have lived in the state for the past 5 years and have cleared Child Abuse Neglect Registry and KBI background checks)?	Fingerprint checks for relatives is a new requirement. Results do not need to be received prior to placement if they have been cleared by KBI background checks and Child Abuse Neglect Registry.
17	Section 4.4.G(1)(b)(4) – Non-related Kin model of reimbursement, payment structure, support (page 33)	
	Should this be placed in an addendum like the other placement reimbursement models?	Please place in the body of the proposal.
18	Section 4.4.G(2) – Advanced written notice of planned placement changes (page 33)	
	Please clarify the expectation for “advanced written notice” and will providing advanced written notice then require approval of the placement prior to the placement change. Approval of placements was referenced earlier, how do these two requirements interplay with each other?	For a planned move, DCF shall be notified as soon as the contractor is aware a move is pending.

Reintegration, Foster Care, Adoption Services
EVT0001558

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19	Section 4.4.G(5) – Administrative Reviews of group homes (page 33)	
	Please clarify what is required in an administrative review as described here.	See PPS PPM section 8400 located on the DCF website.
20	Section 4.4.H(2)(e) – Discussions in the Initial Team Meeting (page 34)	
	This section states that “expectations of DCF” should be discussed in this meeting. Please define DCF’s expectations that should be communicated to the team if they are in addition to those outlined in PPM 5133 “Purpose of Initial Team Meeting”, and who (DCF or the contract agency) will be communicating these expectations (and those identified in 5133 Section E).	The DCF worker will explain expectations as it relates to out of home placement.
21	Section 4.4.I(2) – Initial comprehensive assessment (page 34)	
	This seems to indicate that each of these assessments (Family Centered Assessment, Educational Assessment, Health Assessment, etc) should be completed independently of each other. Is that the intention of DCF or could these all be domains within a single comprehensive assessment?	Providers may use the assessment format of their choice as long as all domains are covered.

Reintegration, Foster Care, Adoption Services
EVT0001558

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22	Section 4.4.I(2)(c) – Health assessment (page 34)	
	The last sentence of this section appears to indicate that all children should receive an assessment for fetal alcohol spectrum disorder. Is this referencing assessment through a screen or physical examination provided by a physician or a full clinical assessment? Will the KBH format be modified to screen for this?	Upon initial referral for out of home placement all children shall be screened for FAS. If indicated, additional assessments shall be completed.
23	Section 4.4.I(3) – DCF protocols regarding the use and monitoring of psychotropic medications (page 35)	
	What protocols are being referenced here and where can these protocols be located?	The protocols are not yet available. They will be based on the instructions from ACYF-CB-IM-12-03, ACYF-CB-PI-12-05 and ACYF-CB-PI-12-06 regarding the Children and Family Innovation and Improvement Acts.
24	Section 4.4.I(4) – Evidence-Based assessment tools (page 35)	
	Different than 4.4.I(2)(a) – this section appears to require use of evidence based assessments as opposed to research supported tools. Please clarify which is required and if DCF has a preference on which assessment tools are utilized.	Either is acceptable.
25	Section 4.4.J(b) – Case Planning (page 35)	
	The second sentence says “...considers the appropriateness of the current education setting including length of time and...” What is meant by “including length of time”?	The contractor shall include how long the child has been in the school they currently attend as a factor in placement.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
26	Section 4.4.J(4)(a) – The Kansas Intensive Permanency	
	Please clarify – how many FTE’s will be transferring under the KIPP project from one region to another (based on realignment of contractor regions only)?	This question has been submitted to Grantee for a response that will be uploaded to the Vendor Informaton File.
27	Section 4.4.J(4)(d) – KIPP goals (page 36)	
	How will the change in regions be handled to maintain KIPP fidelity? For example – if a KIPP therapist was working in Winfield and Parsons, how would their cases be handled when the contractor changes for one (or both) of the areas that were being covered by that one clinician?	The RFP requires the successful bidder to retain KIPP staff assigned to the project.
	Please define “with no disruptions” to families until the end of the five year grant cycle. How are disruptions being defined?	The RFP requires the successful bidder to retain KIPP staff assigned to the project.
	Once the five year grant cycle is completed is it DCF’s expectation that this project continues with the cost being shifted to the contractor?	Final sustainability of KIPP remains undetermined.
28	Section 4.4.J(6)(a)(5) – Healthy Relationship Training (page	
	Is there a specific training that this section is referencing? Is there a specific state training with this title? Is this mandatory?	Each bidder shall present the training they selected. This is mandatory.
29	Section 4.4.K(5)(a) – Aftercare progress reports on specified forms (page 40)	
	To what specified forms does this section reference?	The forms will be available by July 1, 2013.

Reintegration, Foster Care, Adoption Services
EVT0001558

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30	Section 4.4.k.5.c (page 40)	
	Define “make attempts” to have contact – can this face-to-face contact with the child occur in the context of a family contact after reintegration and during aftercare? (might be multiple questions – reporting on aftercare cases to DCF)	Yes, the contact with the child may occur in the context of a family contact. The child should be seen alone.
	Can contact be made with aftercare families via virtual connection (i.e. video conferencing)?	No. Contact must be in person.
31	Section 4.4.K(5)(c) – Aftercare for Adoption for the life of the contract (page 40)	
	Please clarify – is the intent of this section to state that all adoptions finalized during this contract will remain contractor responsibility throughout the entire contract (even after the 12 month aftercare period)?	Yes.
	Does this mean that any adoption disruptions that occur will become unpaid referrals to the contractor?	Yes.
	Does this mean that aftercare for Adoption cases will no longer be voluntary?	No, once the adoption is finalized, contact is dependent on the wishes of the family. It is expected that contractors make every effort to develop relationships with families so if problems arise, the family will request assistance from the contractor as needed.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
32	Section 4.5.A – Costs incurred in resolving a Corrective Action (page 40)	
	This section states that the Contractor will be required to reimburse DCF for “costs incurred in resolving the problem” resulting in a CAP. Please define how any costs incurred will be calculated and assessed to the contractor.	Actual verifiable costs incurred.
33	Section 4.5.B – Penalties (page 41)	
	Do the penalties referenced in this section apply to outcomes only or will penalties also be assessed for not meeting the identified success indicators?	Outcomes only.
	Paragraph 3 appears to state that if outcomes are not met in the first fiscal year (as assessed at the end of that year) PIPs will be developed and implemented for those unmet outcomes. Then, based on those PIP goals – liquidated damages <i>could</i> be assessed starting in Year 3 of the contract. Does this mean that a new contractor in a region will not have a PIP for the first year of the contract (to establish base performance)?	Correct
	Same section and page – How will contractors who retain regions be handled?	This is a new contract and all regions are different.

Reintegration, Foster Care, Adoption Services
EVT0001558

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34	<u>Outcomes</u> p. 42 - *Reunification is discharge from foster care for reason of reunification with removal family or for reason of reunification with a relative not part of the removal family.	
	DCF has not allowed reunification with a relative not part of the removal family in 2012 to be considered reunification, although prior to 2012 this was allowed to be counted as reunification and was part of standard practice. Please clarify if this will be allowed as a type of reunification.	The operational definition for this contract measure is identical to the federal measure and has been measured consistently since FY 2010. Only reunification and discharged for living with relative are considered part of the denominator.
	Are R60s still included?	No.
35	p. 60, 62 – Success Indicators	
	These two success indicators (Adults ending custody with permanency pact AND Adults ending custody completed 12 th grade) do not have standards associated with them. Is this intentional to gather data or are there standards missing in the RFP document which contractors will be held accountable for achieving?	Success Indicators included in this RFP are recognized as nationally emerging issues. There is not a standard or benchmark set as there is no national standard at this time.
36	p. 61 – Success Indicators: Same School	
	Occasionally school districts make changes to school assignment zones and districts themselves change. How will exceptions be made and tracked when/if a re-zoning or change in district changes the child's origin school?	Contractor will report as the same school on the acknowledgment form, so this will not report as a change in their status.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
37	Section 4.6 – State Resources to Be Provided (page 63)	
	<p>Subsection C – please clarify the intent of this section – which states that DCF reserves the right to reassign contractor’s personnel.</p> <p>Does this mean that DCF will wish to change assignment of specific workers?</p>	DCF may require the change of assignment of any staff working under this contract.
	Subsection DD – Please define “prompt payment” as per the contract.	Payment is on the third business day after the end of each month.
38	Section 4.4.G. - Child Placement Practices (page 32)	
	<p><u>Child Placement Practices</u></p> <p>This section states that decisions about where to place a child in out-of-home care are subject to DCF approval. Does DCF intend to approve each individual placement in advance? If not, please describe the circumstances under which DCF expects to approve</p>	The placement will be considered approved unless DCF notifies the provider otherwise.
39	Section 4.3.F (2) - Expectations for Child Placement and Sharing of Foster Homes Between Contractors (page 28)	
	<p>This policy describes how contractors shall utilize each other’s homes to assure children are placed “in the best interest of the child.” Approximately 500 foster homes in Kansas (more than 20%) are operated by Child Placing Agencies (CPAs) under affiliate agreements with the agencies contracting with DCF. If the placement “in the best interest of the child” is available in an affiliated CPA foster home, does the policy in 4.3.F.(2) still apply?</p>	Yes. Contractors shall not utilize placement practices against the best interest of the child merely to maintain a child in the contractor’s foster home network. Subject to DCF approval, decisions about where to place a child in out-of-home care shall be made by determining what is in the child’s best interest by considering the child's safety, strengths and needs, the skills and appropriateness of the available caretakers or facilities, and the child's prospects for permanency with such placements.

**Reintegration, Foster Care, Adoption Services
EVT0001558**

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40	Section 1.5 - Preparation of Proposal (Page 4):	
	May an organization participate as a subcontractor as part of a proposal in one region and also submit a bid as the prime contractor in a separate region or regions(s)?	Yes.
41	Section 2.1 - Proposal Response; Submission of Proposals (Page 8):	
	Three (3) copies of the technical and cost proposals are required and must be submitted in Microsoft Word or Excel. Some attachments to the technical proposal may come from outside parties or require signature and will need to be scanned in order to submit electronically. Can these items be submitted in a PDF format?	PDF format is acceptable.
42	Section 2.1 - Proposal Response; Submission of Proposals (Page 8):	
	This provision states the number of original and copies of bids to be submitted but does not state how the proposals must be presented or packaged. Is there a format preference or requirement?	No.

Reintegration, Foster Care, Adoption Services
EVT0001558

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43	Section 2.8 - References (Page 10):	
	This section requires four references who have purchased similar items or services from the bidder and excludes the buying agency (DCF). The types of services generally described are often purchased by the State. Would references that can vouch for the performance of the bidder and/or quality of services suffice? Otherwise, please clarify what is meant by “references as those that have purchased services from the bidder”.	Yes - references that can vouch for the performance of the bidder will suffice.
44	Section 3.45 - Payment (Page 21):	
	The second paragraph indicates that “Payments shall not be made for costs or items not listed in the Contractor’s response.” The contractor is being paid a base payment along with a case rate. How does the referenced language apply given the payment structure? If it applies, how will it be implemented?	Base payments and case rate payments will be made as negotiated.
45	Section 3.45 - Payment (Page 21):	
	During the course of the contract adjustments to staffing, type of staff or type of expense are often required. Many of these are due to changes in laws, regulations or in response to changes in responsibilities as a result of State direction or initiatives. These costs will not have been listed in the Contractor’s response. The referenced section indicates that payments shall not be made for costs or items not listed in the Contractor’s response. Will payments to contractors be adjusted to account for these changes or contract adjustments? Will payments under the contract be reduced by the cost of these items?	Contracts may be amended by agreement of the parties.

Reintegration, Foster Care, Adoption Services
EVT0001558

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46	Section 4.3.D(3) - Bridging Between Contractors (Page 27):	
	Is 4.3.D (3) mandating that all expenses of a potential adoptive family or as may be required by a sponsoring agency be paid by the contractor in order to avoid any delay? See also 4.4.K (2) (b) (4).	No. Prospective adoptive families will not be burdened with costs associated with adopting. Communication between agencies will not create unnecessary delay.
47	Section 4.3.F(1)(d) - Scope of Work; Recruitment and Retention of Foster Families (Page 28):	
	With regard to foster parent training, this section doesn't reference the current MAPP/DT training standards. Will MAPP/DT continue to be required? Will alternatives to MAPP/DT be considered?	The current contract to provide foster/adoptive training requires MAPP/DT. If a family is trained in another state, alternative training may be approved on a case by case basis by DCF.
48	Section 4.3.F(4)(c) - Recruitment and Retention of Foster Families; Expectations Regarding Contractor Relationships with Foster Families (Page 28):	
	This section requires an advisory board with approval of individual members by DCF. As members change what procedures are in place for submission of names? Is a separate Board required for each region bid? If a contract has multiple regions/contacts, is one advisory board required per contract? Does DCF want to assign their own representative or should the bidder solicit the DCF representative prior to RFP submission?	Procedures will be developed for notification for change in board membership. A separate board will be required per region. RFP bids may include a proposed DCF member. Each member is subject to DCF approval.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
49	Section 4.3.G(22) - Administrative Requirements; Participation as Medicaid Provider (page 30):	
	Will Medicaid services provided to children enrolled in the program who are out of home be managed by one of the MCOs? Will this commence with the start of the FY 2014 contract cycle on July 1, 2013?	Yes to both questions.
50	Section 4.3.G(22) - Administrative Requirements; Participation as Medicaid Provider (page 30):	
	Will children of the same family that are all in foster care initially be assigned to the same KanCare MCO? Will children in the same region or at least in the same foster home or residential facility be assigned to the same MCO? Who is responsible for determining which MCO a child in foster care will be assigned to, both initially and at the annual KanCare reenrollment period?	DCF will not have unilateral assignments, however, every attempt will be made to assign children in the same family to the same MCO. Several factors will determine children's assignment to an MCO. The Medicaid fiscal agent will make the initial assignment. The Secretary or designee will make annual determinations.
51	Section 4.3.G(23) - Administrative Requirements; Staff Qualifications (Page 30):	
	This section requires the contractor to run fingerprint based background checks on staff who have lived in another state in the past 5 years. Will current staff be grandfathered in? It currently takes approximately 6 weeks to get the fingerprint results. Will the employee be able to start work with the contractor before the fingerprint results are back?	Current staff will not be grandfathered in. Current staff may continue in their present roles while the checks are being run. New staff may begin work, complete training, but cannot have unsupervised contact with children and families until fingerprint results have been received.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
52	Section 4.4.B - Services To Be Provided By the Contractor (Page 31):	
	<p>This section requires assignment of an attorney to the contract “who will assist the Contractor with children’s legal issues.” What role does DCF see the attorney taking? For example, is it intended that the Contractor attorney provide legal representation to children or on behalf of DCF? Or is the attorney intended to advise the Contractor with regard to legal issues that may arise concerning services provided by the Contractor under the contract? See also 4.6.W. Will the contractor be required to hire an in-house attorney to assist with legal issues or can the contractor retain outside counsel to provide legal services?</p>	<p>It is expected the Contractor have counsel to advise the Contractor with regard to legal issues that may arise concerning services relating to the children as provided by the Contractor under the terms of the contract. (A Guardian Ad Litem is appointed to represent the minor child/children) DCF staff attorneys represent DCF.</p>
53	Sections 4.4.D and 4.4.E:	
	<p>Were these sections omitted intentionally?</p>	<p>This is a typo.</p>
54	Section 4.4.G - Child Placement Practices (Page 32):	
	<p>How does DCF contemplate exercise of its reservation of approval authority for placements under 4.4.G?</p>	<p>The placement will be considered approved unless DCF notifies the provider otherwise.</p>

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
55	Section 4.4.G(1)(a)(2) - Child Placement Practices; Relative Placements (Page 33):	
	This section requires each relative placement to have a fingerprint test. Is it contemplated that the relative placement will be delayed pending receipt back of the fingerprint results, which can take 6-8 weeks? Can the child be placed in the relative home while awaiting fingerprint results?	Fingerprint checks for relatives is a new requirement. Results do not need to be received prior to placement if they have been cleared by KBI background checks and Child Abuse Neglect Registry.
56	Section 4.4.G(1)(a)(3) - Child Placement Practices; Relative Placements (Page 33):	
	Concerning relative home placements, currently PPM 3237 requires a minimum of monthly contact with the child. The expectation is currently that the child is visited with by the worker in the placement more than 50% of the time. Generally, most contractors average about 85% of the visits in the home. The relatives would be seen at the time of that in home visit with the child, but also could be seen at the office, or other locations. Is the intent to add additional visits a month per region to do 100% in the relative home?	All relative homes shall be visited at least one time per month.
57	Section 4.4.G(1)(b)(3) - Child Placement Practices; Non-Related Kin (Page 33):	
	Regarding the kinship 90 day requirement: PPM 5235 indicates that if the family has not yet completed all the requirements for licensing, a 90 day extension can be requested. Will this still be an option when needed?	Yes.

Reintegration, Foster Care, Adoption Services
EVT0001558

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58	Section 4.4.G(6) - Child Placement Practices; ICPC (Page 33):	
	Will failure to achieve agreement on Medical services with a receiving state as required by 4.4.G (6) be reason not to place or delay placement with a relative or kin in that state?	It is not a reason to deny placement. Payment for medical services shall not delay placement.
59	Section 4.4.I(2)(c)(2) - The Screening, Assessment and Community Referral Processes; Health Assessment (Page 34):	
	Does the requirement for youth to continue to receive any needed health care and health related services from the providers, professionals, and agencies with whom the child and family have already been involved require their use even if they are not an eligible provider for their KanCare assigned managed care company or on its provider list?	Contractors shall make decisions in the best interest of the child.
60	Section 4.4.J(4) - Case Planning, Service Delivery and Case Review; KIPP Project (Page 36):	
	This section states that KIPP is to be implemented without interruption, and says that successful bidders are expected to employ the staff already trained in the model. How will this be facilitated/assured? Will the staff be required to transfer employment to a different organization and if so, how?	This question has been submitted to Grantee for a response that will be uploaded to the Vendor Informaton File.

Reintegration, Foster Care, Adoption Services
EVT0001558

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61	Section 4.4.J(4) - Case Planning, Service Delivery and Case Review; KIPP Project (Page 36):	
	Are KIPP income and expense projections to be included in the cost or technical proposals, i.e. should they be included in the bid price for this RFP?	Yes.
62	Section 4.4.J(7)(c)- Case Planning, Service Delivery and Case Review; Needs of Birth Parents (Page 37):	
	Pursuant to 4.4.J (7)(c) a cost/benefit analysis is required related to the needs of the parents. For purposes of this provision how are you defining cost/benefit analysis and what component parts or measurable are you expecting for inclusion in the analysis? Is the bidder to presume a causal connection between one service or assistance to a birth parent and reintegration or just services in general?	Bidders shall present a methodology for completing a cost/benefit analysis for meeting the overall needs of under/served and un-served families.
63	Section 4.4.J(9) - Case Planning, Service Delivery and Case Review; Permanency Roundtables (Page 38):	
	Are there expectations on how many Permanency Roundtables will be held per year? Is there a cost estimate of this service? Will each region have a separate Permanency Roundtables or will there be one statewide DCF-sponsored Roundtable?	Roundtables will be done at the regional and state level. The number to be completed has not been determined.

Reintegration, Foster Care, Adoption Services
EVT0001558

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64	Section 4.4.K(2)(b)(5) - Child Permanency; Adoption (Page 39):	
	Adoption Support groups: How many and how often are these to be provided.?	The number and frequency will be determined by needs of the adoptive families.
65	Section 4.4.K(5)(c) - Child Permanency; Aftercare (Page 40):	
	This section indicates that the contractor will serve the child and adoptive family for the life of the contract while other sections, including 4.4.K(5)(a), 4.3.A, 4.4.C(33) and 4.4.K(2) (b) (5), require a 12 month aftercare period. Please explain the different requirements?	Reintegration and permanent custodianship/guardianship require a 12 month aftercare period. Data shows adoption disruptions occur after the 12 month aftercare period, therefore the contractor will serve adopted families for the life of the contract.
66	Section 4.5.A - Outcomes; Program, Services and Policy Outcomes (Page 40):	
	This section provides that failure to meet a CAP requires a contractor to reimburse DCF for costs. What parameters have been developed to identify what costs would be considered for reimbursement?	DCF's actual verifiable costs incurred.

Reintegration, Foster Care, Adoption Services
EVT0001558

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67	Section 4.5.A - Outcomes; Program and Services and Policy Outcomes (Page 40):	
	In the past, Corrective Action Plans and Program Improvement Plans have included rewards/awards for staff/staff units by some contractors when positive gains in performance outcomes are achieved. Are rewards/awards no longer acceptable in a DCF approved CAP or PIP plan given the language in 4.5.B – “Performance based outcomes shall not be rewarded”?	Performance based outcomes shall not be rewarded with monetary or other bonuses/awards for staff. All decisions are to be made in the best interest of the child and shall not be influenced by any other considerations.
68	Section 4.5.B - Outcomes; Child Specific Contract Outcomes (Pages 40 and 41):	
	Regarding the statement “Performance based outcomes shall not be rewarded with monetary or other bonus/awards for staff” Does this also prohibit annual merit increases when based, at least in part, on goals that are part of the staff members evaluation process? Does this prohibition apply to subcontractors?	Performance based outcomes shall not be rewarded with monetary or other bonuses/awards for staff. All decisions are to be made in the best interest of the child and shall not be influenced by any other considerations. Our primary contractors shall be procluded from using contract funds for providing bonuses/awards to subcontractors.
69	Section 4.5.B C - Outcomes; Child Specific Contract Outcomes; Liquidated Damages (Page 40 and 41):	
	Regarding the 2% liquidated damage equal to 2% of the monthly base payment for not meeting performance based outcomes. Please clarify the total number of individual outcomes included. Does it include the 3 additional outcomes in (B.) and proposed outcome 4, making a total of 20 outcomes subject to penalty? And/or does it also include Success indicators in A. for a total of 23?	Failure to meet any of the 20 outcomes could result in a penalty.

Reintegration, Foster Care, Adoption Services
EVT0001558

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70	Section 4.6.C - State Resources To Be Provided (Page 63):	
	What criteria has been developed to determine when to require reassignment of contractor personnel under 4.6.C? Does this requirement apply to all contractor personnel who have any involvement with the contract?	Each reassignment will be at the discretion of DCF PPS Leadership. The requirement does apply to all contractor personnel who have involvement with the contract.
71	Section 5.2.2 - Cost Proposal; Payments; Caseload Assumptions (Page 70).	
	This section indicates that no payment will be made for children who re-enter out of home placement during the twelve month after care period. The section has no reference to children coming back into OOH placement when they have returned home during the first 60 days when the decision to return the child to the home was made against the advice of the contractor. Currently, no aftercare services are required and a case rate is paid if the children return to out of home care. Is this standard or process being discontinued?	The 60 day rule will no longer apply. Contractors will be responsible for aftercare services without additional payment if the child goes home within the first 60 days.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
72	Section 5.2.2 - Cost Proposal; Payments; Caseload Assumptions (Page 70).	
	This section requires bidders to use DCF's projected caseloads for Fiscal Year 2014 and to hold the caseloads constant for Fiscal Year 2015. Please confirm that the projected caseloads to be used are those on the chart entitled DCF Prevention and Protection Services Out-of-Home Caseload Estimates. Please also confirm that these estimates represent only the paid caseloads.	Yes, those are the caseloads to be used and they do represent only paid caseloads.
73	Section 5.3.2 - Cost Proposal; Other (Page 70):	
	This section implies that the contractor can rely on Medicaid determinations with respect to all listed services except medical services? What limits if any are acceptable with respect to contractor payment of medical costs? Will IDD children under the contract be eligible for Home and Community Based Waiver services including residential costs?	IDD children under the contract will be eligible for Home and Community Based Services. Residential costs related to room and board are the responsibility of the provider.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
74	Section 5.3.4 - Cost Proposal; Continuing Responsibility of the Contractor (Page 70):	
	<p>If a contractor takes over a region or area previously served by another contractor will children having re-entered out of home care within the 12 month after care period and on the roster of the original contractor as non-paid by DCF, be treated as new referrals to the new contractor? Please respond to the same question regarding children re-entering out of home care after commencement of the new contract.</p>	<p>1) Clients in a paid out-of home (OOH) placement on 06/30/2013 will transition to the new contractor as a paid referral, i.e., monthly Case Rate payments will continue for these clients. 2) For those clients who have previously achieved permanency, but returned to OOH placement within the 12 months and no monthly Case Rate payments are being made as of 06/30/2013, these clients will transition to the new contractors with the same status, i.e., no monthly Case Rate payments will be made. 3) For clients at home in aftercare on 06/30/2013, those clients will transition to the new contractor for the duration of the 12 months of aftercare with the same status. If the client should need an OOH placement prior to the 12 months of aftercare ending, the case will be a new paid referral.</p> <p><input type="checkbox"/></p>
75	Section 5.4.1 - On-going Financial Requirements (Page 71):	
	<p>This section states “all funds received under this contract must be spent for the purposes of this contract.” Is the intent of the provision that a contractor is prohibited from making a profit? Please explain the context of this statement within the parameters of the proposed “at risk” contract.</p>	<p>No, but all contract funds must be expended in accordance with applicable DCF standards.</p>

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
76	Section 5.4.3 - Cost Proposal; On-going Financial	
	This section indicates that “the contractor shall be liable for costs determined to be un-allowed by the federal government.” Does this refer to funds disallowed at the contractor level or the State level? If the State level, is it limited to expenditures disallowed due to the contractor’s audit? Is the contractor liable if the State is determined to have improperly charged a particular type expense to a federal reimbursement source?	This refers to the contractor level. The contractor is not liable if the State is determined to have improperly charged a particular type of contractor expense to a federal reimbursement source.
77	Section 5.4.3 - Cost Proposal; DCF Recipient Monitoring Policy (Page 71):	
	This section refers to the DCF Recipient Monitoring Policy requiring an annual A-133 Audit. It was previously determined by DCF (SRS) that the policy excludes procurement contracts. Based on the language of the RFP, has this determination changed? Does this requirement take into account the significantly higher costs associated with an A-133 Audit? If a “single audit” is required, is it anticipated that this audit will take the place of other audits currently performed by DCF and other state agencies? If this single audit is required and contract payments are considered “pass through funds” as opposed to negotiated procurement, will the contractor (and/or a subcontractor) be required to pay the prevailing wage rate based upon the federal funding associated with the contract?	Per the RFP A-133 audits will be required. This does not preclude requirements for other audits.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
78	Trial Home Placements:	
	There is no reference to 30 day trial home placements except in the outcome operational definitions? Will they still be allowed and will the case rate payment continue for that 30 day period?	No. There is no longer a contract allowance for a 30 day trial home placement.
79	Event Details; General Questions:	
	The Event Details contains a list of General Questions. Do these General Questions need to be answered and included in the bid response?	Yes.
80	GENERAL RFP/PROCESS QUESTIONS	
	What will the scoring criteria be for the proposals and how will they be administered?	See Page 11 Section 1.11 of RFP for guidelines regarding the evaluation of proposals.
	Will the state be open to any type of ASO (Administrative Service Organization) model for service delivery?	All bids submitted will be considered.
	Is it anticipated that the Medicaid change to MCO's will reduce the number of PRTF placements approved or impact the length of stay approved? If so, is there concern by the state that this will increase costs of care to the Contractor that were traditionally paid for by Medicaid?	We have no knowledge that the level of PRTF placements will be impacted. Nor does DCF have direct control over changes being made to Medicaid.
	What impact, if any, is the initiation of differential response anticipated to make on referrals to this contract in both number and acuity?	The program has not started yet. There is no data available.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
81	Section 2.8 - References (p. 10) :	
	If DCF has been the sole source purchaser for the provision of services as required in this RFP, who should be included as references? In past RFPs contractors have been allowed to include references who have collaborated with the bidder in the provision of services but that does not appear to be allowed. Please clarify.	References are up to the discretion of the bidder. References of those who have collaborated with the bidder in the provision of services are acceptable.
82	Section 3.45 Payment (p. 21)	
	If the contractor makes payments based upon the items listed in the response to a subcontractor, does the requirement to make payments only for items listed in the response apply also to the sub-contractor?	Base payments and case rate payments will be made as negotiated independent of what the contractor may pay a sub-contractor.
83	Section 4.3.E (1) - Constituency Services (p. 28):	
	This section states "Response to DCF is required on a DCF specified form, within 3 working days from the complaint date or sooner if requested by DCF." Please provide clarification regarding when the clock starts for the 3 day response. When the RFP mentions that the contractor must report back to DCF from the "complaint date," does that mean the day that DCF sends the complaint or the day of the actual incident?	The three days begins the day the concern is sent to the contractor. The "complaint date" is the date DCF sends the complaint to the contractor.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
84	Section 4.3.E (2) - Constituency Services (p. 28):	
	This sections states “if the concern is a Critical Incident, a response may be required by the contractor the same day or next business day from the event.” Please clarify the definition of “event”. If it means from the day of the incident then it may be difficult for contractors or subcontractors to meet the same day response time since many times notification is not the day of the event.	"Event" may be the actual incident or the date DCF or the contract agency become aware of the incident.
85	Section 4.3.G (22) - Participation as Medicaid Provider (p. 30) :	
	Will contractors who are currently credentialed as providers be automatically credentialed under the new KanCare contractors? Are there any efforts or changes to processes that will expedite the credentialing process for new providers and thus provide better service to clients served under the contracts?	No. There will be a uniform credentialing process which will be the same for all three MCO's.
86	Section 4.3.G(22) Administrative Requirements (p. 30)	
	This section deals with people being served by the contractor maximizing access to and utilization of services, supports and opportunities associated with the KanCare program.	
	· Will siblings be assigned different managed care companies?	This is possible
	· If so, will they need to potentially utilize different providers and use different formularies?	This is possible
	· Will bio families potentially be served by different providers and use different formularies?	This is possible

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
	· Will it be possible for two siblings placed in the same foster home with identical physical or behavioral health assessments to receive different treatment? Is it possible one will be eligible for treatment and one not, only because of managed care company assignment?	We cannot answer hypothetical situational questions.
	· If the KanCare managed health company deems a procedure or treatment medically unnecessary, can the contractor rely on that determination and not provide for that treatment?	Please refer to RFP section 5.3.2. There is an appeal process on an adverse determination.
	· Will it be possible to switch the managed care provider for children placed in service so that children with the same placement can have access to the same provider in order to make doctor or other visits more efficient?	No.
	· Will OOH children in a region all be assigned to the same managed care company?	No.

87	Section 4.3.G.23 (a) - Minimum Staff Qualifications (p. 30):	
	Regarding fingerprint checks for staff: Does this apply to all existing staff or just new hires after July 1, 2013? Does this requirement apply to all subcontractor provider staff?	Existing staff and new hires. The contractors are responsible for the best interest of the children. The contractor is also responsible to insure the safety of children placed in their care and that would extend to subcontractors.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
88	Section 4.4.C(8) - Contract and Program Requirements (p. 31):	
	This section states that the contractor must maintain a CPA license and notify DCF within 5 working days of the initiation of any KDHE investigations. Does the notification requirement apply to CPA investigations or foster home investigations, or both?	Providers are responsible to notify DCF within 5 working days of the initiation of any KDHE investigations related to the providers CPA license.
89	Section 4.4.C (8) - Contract and Program Requirements (p. 31):	
	This section requires the contractor to notify DCF of the initiation of a KDHE investigation within five days of the initiation “of any KDHE investigations.” A contractor may not know of an investigation at initiation. Would notice within 5 days of notification be satisfactory?	Yes.
90	Section 4.4.C (13) - Contract and Program Requirements (p. 31):	
	This section refers to a report (No Reasonable Efforts Findings) the same business day to DCF staff. Please clarify what specifically is required for this report and how often to submit this report. Please clarify the “same business day” and if the contractor must submit the report the same business day is requested by the state or, the same day that an undefined event occurs, etc.	"Report" means written notification (via e-mail or otherwise) on the same day the Court makes the No Reasonable Efforts Findings.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
91	Section 4.4.G - Child Placement Practices (p. 32):	
	Placement subject to DCF approval – is this preapproval? If preapproval, does this include both emergency and planned? Must the contractor await approval before making any placement?	The placement will be considered approved unless DCF notifies the provider otherwise.
92	Section 4.4.G (1)(a)(2) - Relative Placements (p. 33):	
	This section discusses relative placements and the requirements for these types of placements. References the typical things we do now (CANIS, KBI, walkthrough) but also adds in fingerprints. With regard to fingerprinting, will the results of the fingerprinting-based background be required prior to placement with the relatives? If so, given the current several week turnaround time for these results, wouldn't this significantly impede the ability to place children with relative/approved homes at the time of referral – which will impact a contractor's ability to provide placement stability?	Fingerprint checks for relatives is a new requirement. Results do not need to be received prior to placement if they have been cleared by KBI background checks and Child Abuse Neglect Registry.
93	Section 4.4.G (5) - Group Home Reviews (p. 33):	
	Group home reviews – What level of care is included in the reviews: shelters, YRCI, YRCII, etc? Also, how often are the reviews to occur?	See PPS PPM section 8400.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
94	Section 4.4I (2)(c)(3) Screening, Assessments and Community Referral Process (p. 35):	
	Psychotropic medication protocols: Where are the protocols, what do they look like? Will this protocol apply to all subcontractors and foster parents as well?	Protocols will be based on instructions from ACYF-CB-IM-12-03, ACYF-CB-PI-12-05 and ACYF-CB-PI-12-06 regarding the Children and Family Innovation and Improvement Acts. DCF requires contractors to hold their sub-contractors to the same standards.
95	Section 4.4.J (1)(b) - Case Planning, Service Delivery and Case Review; Initial Case Plan (p. 35) :	
	If DCF retains the right to disapprove case plans and case plan goals under 4.4. J (1) (b) does that entail the right to add additional requirements and services at the cost of the contractor or providing agency?	Yes, case plans are developed in conjunction with the family and relevant persons to address the concerns that led to out of home placement and shall include tasks related to the case plan goal.
96	Section 4.4.J (5)(a) - Life Skills For Children (p. 36):	
	This section indicates that “skill training shall be provided...as prescribed by DCF.” Is the intent to require a specific training for each youth and if so, are the types or model known? What tool will be prescribed for life skills planning and instruction? Will subcontractors be required to utilize these tools and models?	There is no specific training at this time. There is no specific training used other than Casey Life Skills Assessment used at this time. If a contractor sub-contracts this service, they will be held to the same requirements.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
97	Section 4.4.J (7)(c) (p. 38)	
	The final sentence of this section states that “a cost/benefit analysis shall be included” with the proposal. Please clarify what is being sought here. Cost and benefit of what?	Bidders shall present a methodology for completing a cost/benefit analysis for meeting the overall needs of under-served and un-served families.
98	Section 4.4K (3)(d) - Permanent Custodianship (p. 39):	
	Permanent Custodianship: What type of training is required if recommended? MAPP-DT?	Recommendations will be made on a case by case basis.
99	Section 4.4K (5)a and 4.4K(5)c - Aftercare (p. 40):	
	What is the expectation for service to adoptive families after the first 12 months of aftercare? Does this require ongoing attempts for monthly contact and monthly reports after the first 23 months of care? Is the intention to serve the adoption family for 12 months, or the life of the contract?	It is expected that contractors make every effort to develop relationships with families so if problems arise, the family will request assistance from the contractor as needed. The contractor shall serve the family for the life of the contract.
100	Section 4.4K (5)b - Aftercare (p. 40):	
	Trial Home placements and reintegration in less than 60 days are no longer exceptions to aftercare. Are there no longer trial home placements for 30 days?	Correct.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
101	Section 4.4.K. (5) - Aftercare:	
	· Will the children who have re-entered and are in out-of-home care as of June 30, 2013, be paid to the July 1, 2013 (new or continuing) contractor?	For those clients who have previously achieved permanency, but returned to OOH placement within the 12 months and no monthly Case Rate payments are being made as of 06/30/2013, these clients will transition to the new contractors with the same status, i.e., no monthly Case Rate payments will be made.
	· Will the children in aftercare on June 30, 2013 who subsequently re-enter OOH care be paid to the July 1, 2013 (new or continuing) contractor as a new referral?	For those clients at home in aftercare on 06/30/2013, they will transition to the new contractor for the duration of the 12 months of aftercare with the same status. If the client is again removed from the home, the case will be treated as a new referral, i.e., monthly Case Rate payments will be made.
102	Section 4.5.B - Child Specific Contract Outcomes (p. 41):	
	Monetary rewards are addressed in the RFP but what about punitive action? Can individual corrective actions and disciplinary action be taken which could include a pay reduction if a staff member is not performing well in the performance indicators? Would that violate the statement “staff shall not be influenced by any other considerations”? Must contractors ensure compliance of all subcontractors or private providers including CMHCs or other child placing agencies?	Performance based outcomes shall not be rewarded with monetary or other bonuses/awards for staff. All decisions are to be made in the best interest of the child and shall not be influenced by any other considerations. Our primary contractors shall be precluded from using contract funds for providing bonuses/awards to subcontractors.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
103	Section 4.5.B - Child Specific Contract Outcomes (p. 41):	
	Concerning the prohibition on rewarding performance based outcomes with monetary or other bonus/awards: Are foster parents also prohibited from receiving awards for outcome compliance?	Contractors should provide their foster home payment structure based on the child's needs and clarify this for DCF
104	Section 4.6.C - State Resources To Be Provided (p. 63):	
	“DCF reserves the right to require the reassignment of contract personnel who work under this contract”. Will the State share liability in any legal action brought by contract staff over any claims of wrongful termination or assignment of tasks and duties? Does the right to reassign apply to subcontracting agencies?	No, DCF will not share legal responsibility in any action. Yes, this applies to subcontractors.
105	Section 5.1.5(c) (p. 69)	
	In the past contractors have been allowed to provide a letter from a financial institution stating that they will be granted a line of credit as needed, but have not been required to establish an open line of credit before the contracts have been awarded. Will this suffice or is an open line of credit (and letter stating such) the expectation of this RFP?	Letters will suffice.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
106	Section 5.1 - Cost Proposal	
	· Historically, there has been a fixed component of placement costs indicated. How are the fixed and variable components of placement cost to be captured in the cost proposal spreadsheet?	The reimbursement structure is intended to treat placement costs as variable costs to be included in the monthly Case Rate. Therefore, bidders should use their projected daily placement costs based on the projected utilization.
	· The “Rates” tab of the embedded Cost Proposal Worksheet requires the input of the “average monthly paid caseload” from the Vendor Information File. What specific document in the Vendor Information File has this number for each of the fiscal years FY14 and FY15?	The "Out of Home Caseload Estimates" file contains the caseload projections for FY 2014. Trends have been consistent over previous years.
	· Will a Ref Summary document for FY12 be made available in the Vendor Information File for review prior to submission of a bid?	Yes.
	· On the Out-of-Home Caseload Estimate document in the Vendor Information File, the projections for FY 13 and FY 14 vary, sometimes significantly, by Region. (For example, the FY 13 projection for the Kansas City Region represents a 9.1% increase while the FY13 projection for the East Region indicates an anticipated .7% decrease). If these are the numbers to be used in the bidding process, can the factors used to determine these projections be shared, by Region, so bidders can consider their potential implications for FY15 projections?	The recent caseload trend is the primary factor used to make the foster care projections. Relating the foster care caseload to economic and demographic factors has not resulted in improved accuracy. The trend also assumes the present DCF policies. While we need bidders to use the projections provided in the vendor file for consistency in bid comparisons, we would be interested in being apprised of bidders’ different caseload estimates, accompanied by comments explaining why the caseload estimate differs.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
	· It appears that both the documents labeled OOH FY 2010-2012 and Unpaid OOH Placements have information about the numbers of unpaid OOH placements. Which report should be relied upon for the historical numbers of unpaid OOH placements upon which to base a bid?	Use the "Unpaid Placements" file.
	· Does the document labeled Out Of Home Caseload Estimates represent the total number of children in OOH care, or just the paid cases in OOH care for each of the years?	Just the paid OOH placements.
	· The document labeled Out of Home Foster Care Placement Utilization Report appears to provide the placement information for each of the current Contractor regions. Is there a similar report providing this information categorized for each of the new regions?	Yes. It will be posted in the Vendor Information File.
	· The change of regional boundaries has caused a difficulty in comparing proposed budgets to the current costs in the new regions. Will DCF provide what it considers to be its current costs (fixed and variable) for each of the new regions?	No.

107	Section 5.2.2 and Section 5.3.4 (both p. 70)
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Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
	How will current unpaid children (who have returned during their aftercare period) be handled at contract transition (7/1/13)? Will they be considered new referrals or transfer to the successor contractor as unpaid?	1) Clients in a paid out-of home (OOH) placement on 06/30/2013 will transition to the new contractor as a paid referral, i.e., monthly Case Rate payments will continue for these clients. 2) For those clients who have previously achieved permanency, but returned to OOH placement within the 12 months and no monthly Case Rate payments are being made as of 06/30/2013, these clients will transition to the new contractors with the same status, i.e., no monthly Case Rate payments will be made. 3) For those clients at home in aftercare on 06/30/2013, these clients will transition to the new contractors with the same status, i.e., no monthly Case Rate payments will be made. If they return to OOH placement a new referral will be made.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
108	Section 5.4.3 (p. 71)	
	This section states that the DCF Recipient Monitoring policy requires an annual A-133 audit. Is this required only if the agency meets the federal qualification (over \$500,000 in federal funds receipts annually) or will it be required for all winning bidders for this contract?	Yes
109	Bidders are required to complete the Event Details document and submit with their proposal. Can you provide the document in Word so we can type in our response?	No.
110	Section 2.1 - Submission of Proposals (Page 8):	
	Three electronic/software versions of the technical and cost proposals are required on CD or flash drive and must be in Microsoft Word or Excel. Will the Department accept attachments in PDF (Adobe) if MS Word or Excel format is unavailable?	PDF format is acceptable.
111	Section 2.3.(a) - Transmittal Letter (Page 9):	
	This indicates all subcontractors will be identified. If a bidder plans to subcontract with a provider for out of home care and plans to secure subcontracts during the transition period (if awarded the contract) is that acceptable?	Include the name of all sub-contractors or anticipated sub-contractors.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
112	Section 2.8. - references (Page 10):	
	States that four references must be provided. Are letters of support required or just the contact information for the identified references?	Either is acceptable.
113	Section 3.13 - Subcontractors (Page 15):	
	This section states that tax clearance certificates for all subcontractors be submitted with the technical proposal. If a bidder is not currently providing the services outlined in the RFP but plans on subcontracting with qualified providers for services such as out of home care if awarded the contract, can those subcontracts and corresponding tax certificates be identified, obtained and approved by the Department after an award during the transition period?	Tax clearance is required.
114	Section 3.20 - Care of State Property (Page 16):	
	Indicates that the Contractor shall be responsible for the proper care and custody of any state owned personal tangible property and real property furnished for Contractor's use in connection with the performance of this contract. If a new Contractor is selected, will any State property such as computers or technology equipment transfer to the new Contractor? Please provide an inventory of the property/items that will transfer by Region.	Not applicable. No equipment was provided to the current providers.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
115	Section 4.3.E. (3) - Constituency Services (Page 28):	
	Indicates that the contractor shall make work space available to a DCF staff person...records. Are there any instances of co-location of DCF and contractor offices currently within the regions? Is there office space available to contractors or is the expectation that contractors will provide their own office space?	There are no instances of co-location currently. It is the expectation contractors will provide their own office space.
116	Section 4.3 F.1 (g) - Foster Family Recruitment (Page 28):	
	Contractor must complete a Comprehensive Foster Family Assessment as outlined by DCF policy. Is there a current format that the Department desires for the assessment. If so, please provide a copy.	The PS-MAPP/DT format may be used at this time.
117	Section 4.3 F. 1 (h) - Foster Family Recruitment (Page 28):	
	Contractor will participate in, encourage and support the implementation of a statewide foster parent association. Is the Contractor to mobilize this association or is that a task of the Department?	The Kansas Foster and Adoptive Parent Association is already supported by DCF. Contractors are to encourage their families to be involved.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
118	Section 4.3.F (4) (b) - Foster parent reimbursement (Page 28):	
	Contractor will provide as an addendum to the proposal their model of foster parent reimbursement, payment structure and support. Are there state approved foster parent rates? Are there different levels of payment for different levels of care such as traditional foster care, therapeutic foster care or specialized foster care? What is the average monthly rate provided? Is the expectation that the contractor pay the foster parent's directly and if so, is that funding included in the contractors' monthly reimbursement amount? What is the source of funds for these payments?	Please refer to the Child Welfare Handbook of Services located as an appendix in the PPS PPM. Also please view report contained in the link on Amendment 5. The report is titled Placement Cost Summary.
119	Section 4.3.F (4) (c) - Advisory Board (Page 28):	
	This section indicates that proposals will include a list of proposed and committed members. If a bidder is new and will not recruit members until an award is made, can the bidder list the type of member that will be recruited such as a youth, CMH representative, etc.?	Proposals shall include a list of proposed and committed members.
120	Section 4.3.G (23) - Staff qualifications (Page 30):	
	Please provide the salary schedule for positions in the department comparable to positions for professional case management staff.	Please see the Department of Administration website, Class Specifications, pay scale document.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
121	Section 4.4.B. - Attorney (Page 31):	
	States an attorney will be assigned to this contract to assist with children's legal issues. Can the Contractor utilize an attorney on retainer or does the Department have an expectation that the attorney will be an employee of the Contractor?	It is intended the Contractor have counsel to advise the Contractor with regard to legal issues that may arise concerning services relating to the children as provided by the Contractor under the terms of the contract.
122	Section 4.4.C. (13) - Report No Reasonable Efforts Findings (Page 31):	
	Is this a standardized form? Please provide clarification.	No. "Report" means written notification (via e-mail or otherwise) on the same day the Court makes the No Reasonable Efforts Findings.
123	Section 4.4.D (24) - SSI eligibility (Page 32):	
	Who would be the representative payee on record for any social security payments?	The person/agency who is the representative for SSI benefits is determined by the Social Security Administration.
124	Section 4.4.D. (32) - Teen Mothers (Page 32):	
	What programs are available in Kansas City and East Region for housing teen mothers and their children?	Teen mothers and their children are expected to be placed together.
125	Section 4.4.D. (34) - Pre-service training (Page 32):	
	What are the requirements of the DCF pre-service training for direct care and administrative staff?	DCF has on-line pre-service training for all contractors. It is required for all direct service staff.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
126	Section 4.4.G.1. (a) (5) - Relative reimbursement (Page33):	
	Contractor will provide as an addendum to the proposal their model of relative reimbursement, payment structure and support. Are there state approved relative care rates? Is the expectation that the contractor pay the relatives directly and if so, is that funding included in the contractors' monthly reimbursement amount? What is the source of funds for these payments? If a relative applies for assistance, what is the expected amount received?	Please refer to the Child Welfare Handbook of Services located in the PPS PPM as an appendix. A relative may apply for child only TANF. Amounts may vary.
127	Section 4.4.G.1(b) (3) -Non-related kin reimbursement (Page33):	
	Regarding the choices outlined in this section, does this mean if the relative refuses to be a licensed foster home or otherwise does not qualify for TANF, the Department's expectation is that the Contractor should pay for services since federal funds would not apply? Please clarify.	Yes, for expenditures necessary to meet the needs of the family in order to provide room and board for the child. The funding source is SGF.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
128	Section 4.4.G.1. (b) (4) - Non-related kin reimbursement (Page 33):	
	Contractor will provide as an addendum to the proposal their model of non-related kin reimbursement, payment structure and support. Are there state approved non-related kin rates or would these individuals be treated in a similar manner as foster parents? Is the expectation that the contractor pay the non-related kin directly and if so, is that funding included in the contractors' monthly reimbursement amount? What is the source of funds for these payments?	Please refer to RFP section 4.4.G.3 (b)(4). Payments should be made directly to the non-related kin. Costs must be reflected in the bid.
129	Section 4.4.I.(4) - Assessments (Page 35):	
	What evidence based assessments are currently in use under the current contract? Do these tools meet the needs of the Department?	Each contractor currently uses their own evidence-based assessment tools. They currently meet expectations of DCF.
130	Section 4.4.J.(4) (a) - Kansas Intensive Permanency Project (Page 36):	
	Please provide a copy of the KIPP grant that was awarded. Please provide for the Kansas City and East Region the required staff trained in the model and the expectations of the Contractor. If available, please provide copies of the existing contract with the Kansas School of Social Work or an outline of the expectations and deliverables.	This question has been submitted to Grantee for a response that will be uploaded to the Vendor Informaton File.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
131	Section 4.4.J. (6) (b) - Regional Youth Advisory Councils (Page 37):	
	What were the costs of these councils in the Kansas City and East Region for last fiscal year. How are these expenditures funded?	For SFY 2012 DCF provided Chafee in the amount of \$4,500.00 to each region. The current providers may supplement this amount.
132	Section 4.4.J.(7) (d) - Concrete supports (Page 38):	
	This section states that the Contractor is responsible for the first \$500 of hard goods per family over the life of the case. Does the life of the case include the aftercare period?	Yes.
133	Section 4.4.J.(8) - Concurrent Planning (Page 38):	
	Is there currently a research supported instrument used to assess if concurrent planning is required. Please clarify and/or provide a copy of the instrument.	An example of a Research Supported instrument is in the PPS PPM Appendix 3F.
134	Section 4.4.K (2) - Adoption (Page 39):	
	This section discusses permanency through adoption. For planning purposes, please clarify the types of services that will be required and what previous allocations have been set aside for these services?	PPS PPM section 5300 describes services to be provided for adoption. Costs are included in the current contracts.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
135	Section 4.4.K. (5) (c) -Aftercare (Page 40):	
	States the Contractor will continue to serve the child and family for the life of the contract if the child is adopted. Does the State manage adoption subsidies paid to adoptive families? What are the expectations of Contractors regarding payment of these subsidies?	DCF is responsible for negotiating adoption assistance agreements with prospective adoptive parents and making the payments.
136	Section 4.7. A.2. - FACTS (Page 64):	
	The contractor will be required to enter data into FACTS on the PROM screen. If the Contractor is maintaining all client/family data within the Contractor's database, can the Contractor work with the Department to electronically export the information between the two systems to avoid duplicate data entry?	The intent at the time of this RFP does not include an electronic data transfer between contractor and agency system.
137	Section 4.7.A.5, Live Meeting (Page 64):	
	Can the Contractor utilize WebEx as an alternative to Live Meeting?	No.
138	Section 5.2.1 - Payment Structure (Page 70):	
	Are there guidelines for expenses associated with the monthly base rate versus the monthly case rate? What are the funding sources for this contract and how are the amounts determined?	The primary intent is that the Base Payment Rate is for fixed costs and the Case Rate is for variable costs dependent on the caseload. DCF recognizes that not all costs can be definitively defined. Funding is comprised of a variety of state and federal funds. The amounts can vary from year to year.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
139	Section 5.2.1 - Payment Structure (Page 70):	
	What is the Contractor's responsibility regarding eligibility for Title IV-E and TANF funding?	The cocontractor is responsible for documenting services and providing information to DCF.
140	Section 5.2.1 - Payment Structure (Page 70):	
	Are there state approved residential group home rates? What are the average rates paid for these services?	Please see the Child Welfare Handbook of Services, which is an appendix in the PPS PPM. Also please view report contained in the link on Amendment 5. The report is titled Placment Cost Summary.
141	Section 5.2.2 - Caseload Assumptions (Page 70):	
	Understanding that bids will be based on projected caseloads for FY14, can you please provide the following historical data for the Kansas City and East Regions:	A.B.C.and F. are available on the website. D. and E. are not currently available.
	a. Entry and exit data for the last 3 fiscal years by county.	Removal, Discharge and Out of Home Summary
	b. Exit data by exit type (re-unification, adoption, OPPLA, other) for the last 3 fiscal years.	Children Served in DEC Custody tab: Report Titled: Length of Stay and Resons for Ending Out of Home Placment
	c. The number of children in care on the last day of each fiscal year for the last 3 years by county.	Removal, Discharge and Out of Home Summary

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
	d. The number of returns to care by county by fiscal year for the past 3 fiscal years.	Not currently available
	e. The average number of children in aftercare services by county for the last 3 fiscal year.	Not currently available
	f. A breakdown of the number of youth in Out of home care on the last day of the fiscal year that gives the percentage of youth in residential care versus paid foster care.	Children Served in DEC Custody tab: Report Titled: Children in Out of Home Placement Utilization Report
142	In the Vendor File, the “OOH” files breakdown youth counts based on pay eligible vs. non-pay eligible. Can you please identify what is included in pay vs. non-pay eligible? Please provide the number of youth on the last day of each month by service type, and by payment eligibility	1) Clients in a paid out-of home (OOH) placement on 06/30/2013 will transition to the new contractor as a paid referral, i.e., monthly Case Rate payments will continue for these clients. 2) For those clients who have previously achieved permanency, but returned to OOH placement within the 12 months and no monthly Case Rate payments are being made as of 06/30/2013, these clients will transition to the new contractors with the same status, i.e., no monthly Case Rate payments will be made. 3) For those clients at home in aftercare on 06/30/2013, these clients will transition to the new contractors with the same status, i.e., no monthly Case Rate payments will be made. If the client is again removed from the home, the case will be treated as a new referral, i.e., monthly Case Rate payments will be made. See Vendor Information File for historical and unpaid placements.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
143	In the Vendor File, what is included in the youth counts in the “Unpaid OOH Placements” worksheet? Are these counts an average or total for the month or based on the last day of each month? These counts vary from the non-pay eligible counts in the “OOH” files. What is the difference between what is included in these counts? For last fiscal year, what percentage of children who return to care were placed in licensed foster care versus licensed residential care?	The counts are the last day of the month. The "Unpaid Placements" file is the correct data.
144	In the Vendor File, the youth counts for payment eligible kids in the “RefSummary” files are inconsistent with the youth counts for pay eligible kids in the “OOH” files. What is the difference between what is included in these counts?	Please look to the RefSummary files for the correct numbers.
145	Provide same detailed information provided in the Vendor File for Adoption Support services with descriptions defining what is included in categories such as non-pay vs. pay eligible?	This question is unclear.
146	Provide a breakdown, by Region, of funding related to the operation of the Contractors and a breakdown, by service/placement type, of funding related to purchase of service?	This information will not be provided.
147	Provide any rate schedules, minimum requirements, and average rates paid by current Contractors for different service/placement types?	This information will not be provided. Please view report contained in the link on Amendment 5. The report is titled Placment Cost Summary.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
148	What are expected resources needed to carry aftercare cases?	Vendors need to define in your proposals.
149	4.4 J (4) (a)	
	How will the monies in the KIPP grant be broken out by region?	This question has been submitted to Grantee for a response that will be uploaded to the Vendor Informaton File.
150	Aftercare – Who is responsible for the children who are in Aftercare as of 6/30/12?	For those clients at home in aftercare on 06/30/2013, they will transition to the new contractor for the duration of the 12 months of aftercare. If the client is again removed from the home, the case will be treated as a new referral.
151	Aftercare – If the new contractor is responsible for children in aftercare a child comes back into care, is the new contractor paid for that child?	For those clients at home in aftercare on 06/30/2013, they will transition to the new contractor for the duration of the 12 months of aftercare. If the client is again removed from the home, the case will be treated as a new referral.
152	Section 4.4.C	
	lit mentions that the contractor will be responsible for helping out teen mothers who are in custody, will the contractor be paid for dependents of teen mothers?	No.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
153	The payment for the contract is mentioned twice in the RFP, but the language is different. What is the payment term?	As reflected in section 5.2
	a. Is there a specific page limit and are there exclusions to the page limit?	No.
	b. Is there a specific format that must be used? (i.e. single spaced, font size, margins)	Single spaced, Times New Roman, 12, margins 1.5 inches left and 1 inch right.
154	Section 1.5 - Preparation of Proposal (Page 4) (last paragraph):	
	Technical proposals shall contain a concise description of bidder's capabilities to satisfy the requirements of this RFP with emphasis on completeness and clarity of content. Repetition of terms and conditions of the RFP without additional clarification shall not be considered responsive.	
	a. Does the last sentence "Repetition of terms and conditions of the RFP without additional clarification shall not be considered responsive" apply to sections 2.5 – 3.50 and 4.3G (1-20); if yes, then is 1-2 sentences sufficient? Does the same apply to section 4.4C (1-43)? If yes, then is a sentence affirming the items and reference to details following in sections 4.4F through 4.4K sufficient?"	Yes.

**Reintegration, Foster Care, Adoption Services
EVT0001558**

	Questions	Response
155	Section 3.13 - Subcontractors (Page 14):	
	States “The Contractor shall be the sole source of contact for the contract. The State will not subcontract any work under the contract to any other firm and will not deal with any subcontractors. The Contractor is totally responsible for all actions and work performed by its subcontractors. All terms, conditions and requirements of the contract shall apply without qualification to any services performed or goods provided by any subcontractor.”	
	a. Throughout the document, the term subcontractor is used. By sub-contractor, are you referencing paying someone to do reintegration services as specified in the contract? Or contracting with an agency to provide services, such as placement services, including foster homes, group homes, or daycare?	All of these are considered sub-contractors.
156	Section 4.3.E - Constituency Services (1) (Page 28):	
	States “The contractor shall maintain a process for responding a. The RFP references responding to DCF on a specified form regarding consumer complaints. Please clarify what DCF form should be used.	This form is still in development.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
157	Section 4.4 - Services to be Provided by the Contractor (Page 32):	
	4.4.C Contract and Program Requirements for all Contractors include, but are not limited to; (38) <i>states</i> "Integrate the Strengthening Families Program and Permanency Roundtables into service models."	
	a. Since the Strengthening Families Program grant ends on 09/30/12, is the contractor required to provide the classes and incentives across the entire region with no additional funding outside the contract? In a large rural geographic area the number of locations and classes will impact cost. Are there a minimum number of classes and locations required?	a. Yes, the contractor will be required to provide the Strengthening Families Program with demonstrable program fidelity across the entire region. The contractor will determine where to best utilize classes based on the out of home population. The classes should be offered at least two times per year with booster sessions after each class session.
	b. <u>Do you want the costs associated with the Strengthening Families Program listed separately in the cost proposal?</u>	No.
158	Section 4.4 - Services to be Provided by the Contractor	
	4.4.I; The Screening, Assessment and Community Referral	
	a. Is the contractor required to do a fetal alcohol screen or is it an actual assessment?	Upon initial referral for out of home placement all children shall be screened for FAS. If indicated, additional assessments shall be completed.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
159	Section 4.4.J. - Case Planning, Service Delivery and Case	
	The Contractor will be expected to implement/maintain the	
	a. Will DCF provide information on how many KIPP staff members are employed in each region and where they are located?	This question has been submitted to Grantee for a response that will be uploaded to the Vendor Informaton File.
	b. The current project partners share the cost of this project through a predetermined matching portion and not all expenses are reimbursed. If the contract will be cost neutral, will all expenses associated with the project be reimbursed?	No. See above
	c. <u>Do you expect to see an estimate of the costs associated with KIPP in the cost proposal?</u>	Yes.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
160	Section 4.4.J - Case Planning, Service Delivery and Case Review (Page 37):	
	<p>(6) Independent Living Services; (b) states “Contractors shall fund Regional Youth Advisory Councils. This includes: 1) Convening monthly RYAC meetings/events, which are planned at least one month in advance. 2) Providing information to DCF, in a specified format, to report on monthly activities. Information will detail how RYAC members were involved in the planning, the number of youth attending, and the cost 3) Holding at least 2 RYAC events for all youth in the region each year, in addition to regular monthly RYAC activities. 4) Submitting Chafee fund expenditures to the KYAC Advisor and IL Program Manager.”</p> <p>a. The RFP references a monthly report on RYAC activities in a specified format. Has the format been developed? If so, can it be provided?</p>	
		The form is currently under development

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
161	Section 4.4.J - Case Planning, Service Delivery and Case Review (Page 37):	
	6) Independent Living Services; (b) states “Contractors shall fund Regional Youth Advisory Councils. This includes: 1) Convening monthly RYAC meetings/events, which are planned at least one month in advance. 2) Providing information to DCF, in a specified format, to report on monthly activities. Information will detail how RYAC members were involved in the planning, the number of youth attending, and the cost 3) Holding at least 2 RYAC events for all youth in the region each year, in addition to regular monthly RYAC activities. 4) Submitting Chafee fund expenditures to the KYAC Advisor and IL Program Manager.”	
	a. Will there be additional reimbursement for monthly RYAC meetings?	No.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
162	Page 40; Section 4.4.K - Child Permanency (Page 40):	
	<p>(5) Aftercare; (a) states “During the 12 months following reintegration, adoption, or custodianship, the Contractor is responsible for continuing to provide all contractual services. The contractor shall develop an aftercare plan with the family, make attempts to have monthly face to face visits with the child, submit monthly progress reports on specified forms to DCF, and inform DCF of significant life changing events.”</p> <p>a. If the child is not in custody is the contractor required to make face to face contact one time per month?</p>	<p>Yes, the contractor will be required to make face-to-face contact.</p>
163	Section 4.4.K - Child Permanency (Page 40):	
	<p>(5) Aftercare; (a) states “During the 12 months following reintegration, adoption, or custodianship, the Contractor is responsible for continuing to provide all contractual services. The contractor shall develop an aftercare plan with the family, make attempts to have monthly face to face visits with the child, submit monthly progress reports on specified forms to DCF, and inform DCF of significant life changing events.”</p> <p>a. The RFP references submitting monthly progress reports on specified forms during aftercare. Is this a DCF form? If so, can you provide it?</p>	<p>Form is currently being developed.</p>

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
164	Section 4.5.B - Child Specific Contract Outcomes: (Page 41):	
	<p>States “Failure of the contractor to meet the negotiated improvement goal(s) by the end of the SFY using year- end performance data may result in the termination of the contract. If negotiated improvement goals are not met, a liquidated damage may be assessed for each outcome not met, equal to 2% of the monthly base payment. DCF may withhold any damage amount from the July base payment in the year following the completion of the PIP. DCF may also impose liquidated damages if Outcomes/Standards are not met during the following year(s) of the contract.”</p> <p>a. Given there is a possibility of liquidated damages based on year-end performance data; will Contractor performance be based on all children in the State’s custody, i.e. children placed in JJA custody or children that remain in DCF’s custody beyond contractor case closure, or just the children for whom the contractor is responsible?</p>	<p>Just the children for whom the contractor is responsible.</p>
165	Section 5.2.2 - Caseload Assumptions (Page 70):	
	<p>States “The projected caseloads for each region will be provided</p> <p>a. Should all bidders use the same projected paid caseload number for each region? If so, can you provide those numbers by region?</p>	<p>Yes, see the "Out of Home Caseload Estimates" file in the Vendor Information file.</p>

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
166	RFP Page 69; Section 5.1.4 (Embedded Spreadsheet)- Placement Tab (Page 69):	
	<p>The Projected Placements for Paid Caseload section of the FC Fiscal Worksheet includes a row labeled “Services to unserved or underserved parents” which is new to this worksheet. On page 37, (7) Needs of Birth Parents (c), it refers to the bidder describing how they will support underserved/un-served parents necessary for reintegration of the child and that a cost/benefit analysis shall be included. Examples of services listed are parenting classes, healthy relationship training, etc.</p> <p>a. Can you provide a definition of an unserved or underserved parent?</p>	<p>An unserved parent is not receiving any services. An underserved parent is not receiving adequate services.</p>
	<p>b. Do you want the estimated cost for these services to be entered on this line in the placement tab section? If so, can you provide an estimate of previous expenditures by DCF region?</p>	<p>Yes. There is no information available regarding previous expenditures.</p>

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
167	There are many additional requirements around fingerprinting background checks for placements and staff providing direct care. This is a cost of \$50/person fingerprinted. This makes placement, especially with relatives, considerably more difficult (in time and cost).	
	· Is the intention of these sections that all current staff, group home providers, residential providers, and other placement providers will have these fingerprint checks under the new contract?	It is required for all current staff and new hires. It is not required for the sub-contractors. The contractors are responsible for the best interest of the children.
	· Or is the requirement that all new staff and placements who have moved into the state in the last 5 years have these fingerprint checks?	See above.
168	The RFP does not specify reintegration's that occur within 60 days of referral (R60s).	
	· These reintegration's have typically not required a 12 month aftercare period and are considered closed cases. Is this no longer the case?	Correct.

Reintegration, Foster Care, Adoption Services
EVT0001558

	Questions	Response
169	4.4.G.1.a.2 – (page 33)	
	Please clarify fingerprinting requirement for relative placements. Is fingerprinting required for adult caregivers or all adults in the household, or all members of the household (does this include 10-18 yr olds)?	All adults in the household.
	· Does this requirement only apply to relatives who have moved into the state in the last five years?	No, but it will be a requirement for all new relatives placements commencing after 7/1/2013 must have fingerprint checks.
	· What is considered a “clear KBI” background check? Is the background check considered “clear” if there are no KDHE/State Statute prohibitive offenses?	Yes, however, we expect providers to review the entire criminal record and use sound child welfare practice when making placement decisions.
170	Section 4.4.K(5)(c) – Aftercare for Adoption for the life of the contract (page 40):	
	· Please define “shall continue to serve”. Does this continue after the 1-year aftercare period has expired?	Yes.
171	Secure Care	
	Will cost of Secure Care placements be a requirement of this contract?	Yes
172	Will CARF accreditation be accepted?	Yes
173	Regarding Section 4.3F(4)(c), must bidders obtain commitments from proposed DCF advisory board members?	No, DCF personnel may not commit; however, the proposal should reflect the bidder's proposed DCF invitee

